

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number Blaine Chinook Public Schools 0028 0029 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 86.9 54 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Hellmans Bus Service 1FDXJ75CXRVA23358 C759 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0028 0029 % 67.00 % 33.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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For additional information of		



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Due Dates: All Routes			Sounty Supt ober 1	To OPI October 15		\$1.57	
County Name		County Number	District Nar	me		Legal Entity Number	
Blaine		03	Harlem F	Public Schools		0030 0031	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mi Non Bus Mile		Rated Capacity	
12-4	24.6		Bus Rou	te Mileage	age	78	
Vehicle I.D. #	License #			 □ District Owned □ Contract - If so, Name of Owner 			
1T79R3B25N1111497	297			If so, Name of Owner If rate per mile			
Reimbursement Distribution- Er	ter the legal entity			y reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Enti		atch budget! Legal Entity	/	Legal Entit	у	
0030	(0031					
% 70.00	% 30	0.00	%		%		
PASSENGER INFORMATION	70 30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70		70	_	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-7	_	TOTAL ELIGIBLE RIDERS	
		a NUMBEI	R	b NUMBER	2	c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)				`		
1st Wheelchair (WC)							
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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

area assigned to it by the County Transportation Committee



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number		District Nam	ne		Legal Entity Number
Blaine			03		Harlem P	ublic Schools		0030 0031
Route #	Length of	of Route (miles per day)			vice Bus Route Mi		Rated Capacity
12-5	27.6				Bus Rout	□ Non Bus Mile e Mileage	age	78
Vehicle I.D. #	Lic	cense #			District Ow	District Owned District Owned		ned
1T88T4B2121121440	46	68				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the le	gal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity	,	naic	h budget! Legal Entity		Legal Entit	ty
0030		00	31					
% 80.00		% 20.0	00		%		%	
PASSENGER INFORMATION	•	/6 20.0	00	_	/0		/0	
Number of Preschool/Kindergar	rten nunile	ridina	ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
this route	Tterr pupils	s riding	(Oraces i	IX-0,)	,	12)	ELIGIBLE KIDEKO
			a NUMBE	R		b NUMBEF	₹	c a + b
Regular (include eligible Preschool/l	Kindergarte	en riders)				_		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
nonresident and no attendance agree otherwise allow nonresident riders to								
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees	S		·		J	· ·	Date	
County This Application for Registration area assigned to it by the Coun	n of Schoo	ol Bus and	State Reimbursement			ordance with Section 2 ved and I certify that this		
Signature - Chair, County Transport			iii				Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Blaine Zurich Elementary 0034 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 105.6 66 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Blaine Warburton 1GBL7T1P7RJ108312 C742 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0034 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

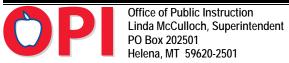
1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Blaine Turner Public Schools 0044 0045 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 110 22 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Reed's AG Enterprises 2GBHG31KXP4147833 B882 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0044 0045 40.00 % % 60.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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area assigned to it by the County Transportation Committee.



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			To County Supt To OPI October 1 October 15		Rate Per Mile \$0.95		
County Name		County Number	District Name	e		Legal Entity Number	
Blaine		03	Turner Pu	blic Schools		0044 0045	
Route #	Length of Route		Type of Serv	rice Bus Route Mile		Rated Capacity	
4	125.4		Rue Poute	□ Non Bus Milea	ige	29	
Vehicle I.D. #	License #		□ District Own	•	Contractor Owned		
1GBJG31F021151443	E317		☐ Contract - If so, Name of Owner D&M Haugen Farms Inc ☐ Contracted rate per mile				
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0044 Legal Entity 000			Legal Entity		Legal Entity		
% 75.00	% 25	00	%		%		
PASSENGER INFORMATION	/6 23	.00	/0		/0		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Pk				TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOWBE	`	NOWDER		аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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I certify that this application for r							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date					mmilee.		
County 1 This Application for Registration area assigned to it by the Count Signature - Chair, County Transports	of School Bus and y Transportation C						
organization origin, country transports	Zuon Committee				Date		



This form is required in accorda	nce with Title 20. (Chapter 10, Part 1, MCA	School distric	t official must complete of	one form for ea	ach bus route that
receives state reimbursement e						Rate Per Mile
Due Dates All Routes			ounty Supt	To OPI October 15	:	\$0.95
County Name		County Number	District Nan	ne		Legal Entity Number
Blaine		•	Turner D	ublic Cobools		0044 0045
Route #	Length of Route	03 (miles per day)	Type of Sei	ublic Schools rvice Bus Route Mil	leage	0044 0045 Rated Capacity
E	142.8		D . D . (□ Non Bus Mileage Bus Route Mileage 19		10
5 Vehicle I.D. #	License #		☐ Bus Rout		L Contractor C	
2GBHG31J9K4116394	C449		☐ Contract - If so, Name of Owner Steve			
				I rate per mile		
Reimbursement Distribution- En	iter the legal entity		e of state/county atch budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0044	Legal Entity	/ 045	Legal Entity	,	Legal Entity	У
% 52.00	% 48.	00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h	(indergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
nonresident and no attendance agre otherwise allow nonresident riders to	be eligible)					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify that us and bus route by t	this bus transports pupils on the State Superintendent; to	eligible for school to make such repor	ransportation as defined by ts to the State Superintende	v 20-10-101, MC/ ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	ensed, qualified and a iciting or causing other	approved driver to operate sers to solicit students from o	such vehicle as recother transportation	quired by 20-10-103, MCA. areas.	,	
this bus route. We agree that if this route crosse						
the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.					County Transpo	ortation Committee in
I certify that this application for r bus operates on the route as ap	-				•	•
Signature - Chair, Board of Trustees					Date	
0	Franco autotion O	munittaa Arrestal	enuluad !:	andones with Castini	20 40 422 842	· A
This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transporta	ation Committee				Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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This form is required in accordance receives state reimbursement e					orm for each bus route that	
					Rate Per Mile	
Due Date All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	\$0.95	
County Name		County Number	District Nar	ne	Legal Entity Number	
Blaine		03	Havs-Loc	dge Pole K-12 Schls	1213	
Route #	Length of Route			rvice Bus Route Mileage		
4	80		Bus Rou	□ Non Bus Mileage te Mileage	30	
Vehicle I.D. #	License #		☐ District Ow	<u> </u>	ict Owned	
1GBJG31F821215437	463			If so, Name of Owner drate per mile		
Reimbursement Distribution- E	nter the legal entity			y reimbursement to be paid to	each district. Note: Percentages	
Legal Entity 1213	Legal Entity		Legal Entity	Le	egal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION	_				_	
Number of Preschool/Kinderga this route	rten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL RIDE (Grades 9-12)	RS TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	c a+b	
Regular (include eligible Preschool/	Kindergarten riders)	NOMBLIN	·	NOMBER	415	
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
otherwise allow nonresident riders t (Include ineligible Preschool/Kinder	o be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees						
This Application for Registration	n of School Bus and	d State Reimbursement h		cordance with Section 20-10 wed and I certify that this bus	-132, MCA. operates within the transportation	
area assigned to it by the Coun Signature - Chair, County Transport	•	Committee.		Date	<u> </u>	



Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Blaine Hays-Lodge Pole K-12 Schls Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 65.2 42 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAKBCKH43F217007 475 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Due Dates: All Routes		To County Supt October 1		To OPI October 15	1	Rate Per Mile \$1.36
County Name		County Number	District Nan	ne		Legal Entity Number
Blaine		03	Havs-Loc	dge Pole K-12 Schl	s	1213
Route #	ength of Route			rvice Bus Route Mi	leage	Rated Capacity
8 2	4		Bus Rout	□ Non Bus Mile te Mileage	age	66
Vehicle I.D. #	License #			District Owned District Owned		ned
1GBL7T1C1WJ109559	258			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Enter	the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 1213	Legal Entity		atch budget! Legal Entity	,	Legal Entit	ty
% 100.00	%		%		%	
% 100.00 PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergarten this route	pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBEI	2	b NUMBEF	2	c a + b
Regular (include eligible Preschool/Kind	ergarten riders)	NOWIDE		NOWBEI	`	a 1 b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Ser	vice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., und nonresident and no attendance agreeme otherwise allow nonresident riders to be (Include ineligible Preschool/Kindergarte	ent that would eligible)					
Nonpublic School Riders (ineligible)	an nuers)					
TOTAL RIDERS						
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area assigned to it by the County T Signature - Chair, County Transportation		committee.			Date	



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